

Please check one:

☐ Initial Assessment

☐ 2nd Trimester Reassessment

☐ 3rd Trimester Reassessment

☐ Postpartum Assessment

Client Name:

I.D. Number:

PERINATAL FOOD FREQUENCY QUESTIONNAIRE (PFFQ)

(Client Instructions)

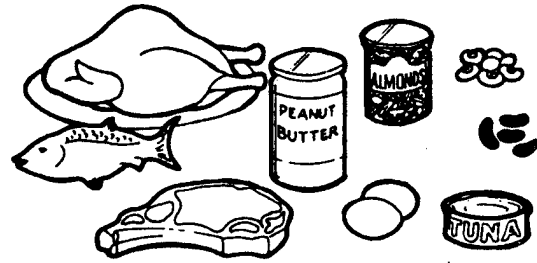
How often do you eat the food listed below?

If you eat the food every day, mark the number of times per day in the daily column.

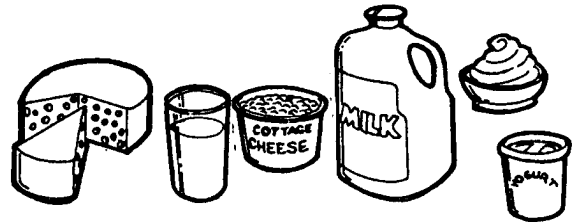
If you eat the food one or more times per week (not every day), mark the number of times per week in the weekly column.

If you eat the food less than once per week, do not mark columns.

Group 1	Daily	Weekly
meat		
chicken		
fish		
shell fish		
eggs		
*beans		
peanut butter		
Subtotals:	x 7 =	+
(21)		Total Points:



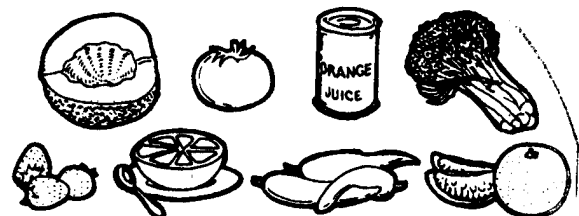
Group 2	Daily	Weekly
milk		
cheese		
yogurt		
Subtotals:	x 7 =	+
(21)		Total Points:



Group 3	Daily	Weekly
bread (1 slice)		
tortilla (1)		
cooked cereal		
dry cereal		
rice		
pasta		
Subtotal:	x 7 =	+
(49)		Total Points:

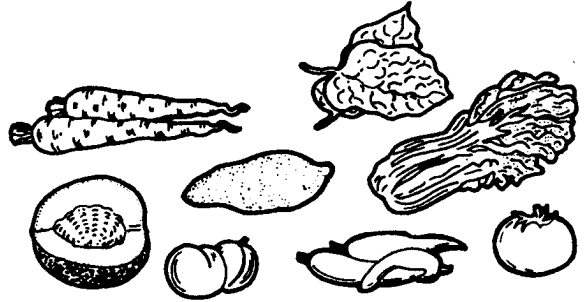


Group 4	Daily	Weekly
*orange		
*orange juice		
*tomato		
cabbage		
*broccoli		
*cauliflower		
Subtotals:	x 7 =	+
(7)		Total Points:



Client Name:
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Group 5	Daily	Weekly
*spinach/greens		
sweet potato		
carrots		
cantaloupe		
mango		
Subtotals:	x 7=	+
(7)	Total Points:	



Group 6	Daily	Weekly
apple		
banana		
pineapple juice		
corn		
lettuce		
potatoes (white)		
zucchini		
other fruits & vegetables		
Subtotals:	x 7 =	+
(21)	Total	



Other Foods	Daily	Weekly
fried foods		
butter		
▲ margarine		
sour cream		
▲ mayonnaise		
▲ salad dressing		
▲ vegetable oil		
▲ avocado		
chips		
donuts		
candy		
soda		
other sugar drinks		

DIETARY ASSESSMENT SUMMARY

Diet Inadequate In:
(food groups/nutrients)

Diet Excessive In:

Comments/Needs:

- ☐ Brochures Given
- ☐ Counseled
- ☐ Referred to Nutritionist

Name and Title of Evaluator/ Date